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Bib Data Sheet

CONFIRMATION NO. 5639

SERIAL NUMBER 09/185,663	FILING DATE 11/04/1998 RULE	CLASS	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. 008439-016
APPLICANTS NILS U. BANG, INDIANAPOLIS, IN; ROBERT J. BECKMANN, INDIANAPOLIS, IN; S. RICHARD JASKUNAS, NATICK, MA; MEI-HUEI T. LAI, CARMEL, IN; SHEILA P. LITTLE, INDIANAPOLIS, IN; GEORGE L. LONG, BURLING, VT; ROBERT F. SANTERRE, SOUTH ZIONSVILLE, IN;				
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 06/699,967 02/08/1985 PAT 4,775,624				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/02/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY IN	SHEETS DRAWING 20	TOTAL CLAIMS 92
INDEPENDENT CLAIMS 5				
ADDRESS 21839				
TITLE VECTORS AND COMPOUNDS FOR EXPRESSION OF HUMAN PROTEIN C				
FILING FEE RECEIVED 1118	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/185,663 REISSUE	FILING DATE 11/04/98	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 008439-016
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APPLICANT

NILS U. BANG, INDIANAPOLIS, IN; ROBERT J. BECKMANN, INDIANAPOLIS, IN;
S. RICHARD JASKUNAS, NATICK, MA; MEI-HUEI T. LAI, CARMEL, IN; SHEILA P.
LITTLE, INDIANAPOLIS, IN; GEORGE L. LONG, BURLING, VT; ROBERT F.
SANTEERE, SOUTH ZIONSVILLE, IN.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A RE OF 06/699,967 02/08/85 PAT 4,775,624

Wan

****371 (NAT'L STAGE) DATA*******

VERIFIED

Wan

****FOREIGN APPLICATIONS*******

VERIFIED

Wan

FOREIGN FILING LICENSE GRANTED 12/02/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 20	TOTAL CLAIMS 92	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials <u>Wan</u> Initials _____					

ADDRESS

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TITLE

VECTORS AND COMPOUNDS FOR EXPRESSION OF HUMAN PROTEIN C

FILING FEE RECEIVED \$1,010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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